

ISSUE STAMP STAMP AREA (for additional cross-references)

POSITION

INITIALS

ID NO.

DATE

**FEES DETERMINATION**

O.I.P.E. CLASSIFIER

FORMALITY REVIEW

RESPONSE FORMALITY REVIEW

75-3-15

1/10

1/26/60

**INDEX OF CLAIMS**

	Rejected	N	Non-elected
	Allowed	I	Interference
(Through numeral)	Canceled	A	Appeal
	Restricted	O	Objected

Claim	Date
Final	Original
1	1/2
2	✓
3	
4	10
5	0
6	1
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15	
16	✓
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18	0
19	0
20	✓
21	✓
22	0
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24	✓
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Claim	Date
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Claim	Date
Final	Original
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If more than 150 claims or 10 actions

**BEST AVAILABLE COPY**